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ABSTRACT

A profile of the Philippines is sketched in this paper. Emphasis is placed on the nature, scope, and accomplishments of population activities in the country. Topics and sub-topics include: location and description of the country; population (size, growth patterns, age structure, urban/rural distribution, ethnic and religious composition, migration, literacy, economic status, future trends); population growth and socio-economic development (relationships to national income, size of the labor force, agriculture, social welfare expenditures); history of population concerns; population policies; population programs (objectives, organization, operations, research and evaluation); private efforts in family planning; educational and scientific efforts in population; and foreign assistance for family planning activities. (RH)

Country Profiles

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# THE PHILIPPINES

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## Location and Description

The Philippines lies 600 miles off the southeast coast of Asia and 15 degrees above the equator. It is neighbor to Japan, Korea, and Taiwan to the north, Borneo to the south, and Vietnam and Thailand to the west. The Pacific Ocean extends along its eastern seaboard.

It is a country of more than 7,000 islands spread out on the sea 1,000 miles north to south and 625 miles east to west at its widest point.

The total land area of 300,000 square kilometers, scattered and discontinuous, is heavily concentrated in the two largest islands, Luzon in the extreme north and Mindanao in the far south. Its population density is a little over 120 persons per square kilometer.

The Philippines has 17.2 million hectares of cultivable land, or 59 per cent of the entire land area. Only 41 per cent of the 17.2 million hectares is under cultivation, and the remaining area is largely unexploited.

## Population

### Size

The total population as of early 1970 is estimated at about 37.5 million.

*Number and size of households.* According to the 1960 census, there were some 4.6 million households with an average of 5.8 persons per household.

*Married women of reproductive age.* Of the 5.2 million ever-married women in the total population in 1960, 3.6 million were in the childbearing ages, 15–44 years. Married women aged 20–29 (the prime reproductive years) numbered 1.5 million (42 per cent of the married women of reproductive age).

*Age at marriage.* Data on marriage patterns are available from (1) the marriage registration system, (2) the census population by marital status, and (3) retrospective surveys of ever-married women regarding their ages at first marriage. Although these three types of data provide somewhat divergent pictures of Philippine marriage patterns, they do corroborate one another to a certain extent. The median age at marriage is about 20 years for females and 22.5 for males.

There is no clear evidence of a trend toward a higher age at marriage among females. Although the registration data show a rise in the median between 1956 and 1961, this upward trend does not continue from 1961 to 1964. It is possible these data reflect a long-term, rather than a short-term, trend toward a higher age at marriage.

### Growth Patterns

The Philippines, with a population of about 37.5 million, is characterized by a rate of population growth estimated to be around 3.5 per cent per year, one of the highest in the world. The country's population increased by about 30 million from 1900 to 1969 and it is expected to grow by another 70 to 75 million in the remaining three decades of the twentieth century.

The country's population problem is not one of number or density but of growth. Since migration is inconsequential, population growth has been due to the surplus of births over deaths. The two components of natural increase—birth and death rates—have taken very different directions in the Philippines. Registered births and deaths showed a decline since World War II. However, the registration of vital events is so seriously incomplete that almost no reliance can be placed on the recorded figures. Estimates of the birth rate have been obtained indirectly from the number of children enumerated in successive censuses. Special inquiries on the number of children borne by women, included in various rounds of the Bureau of the Census and Statistics Survey of Households (BCSSH), furnish additional evidence of the fertility level of the population. The birth rates estimated from these sources yield a figure between 45 and 50 per thousand. There is reason to believe that this birth rate has been nearly constant over the past 70 years and that it has not declined to any important degree within recent years.

In the twentieth century the Philippines, along with many other countries, has adopted new public health and sanitation measures. Estimates of the trend in mortality show a drop

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from 26 per thousand during the period 1926 1930 to 14.5 in 1956-1960.[1] The death rate is currently estimated at around 11 per thousand.

Thus the rapid population growth can be credited to a declining death rate interacting with a consistently high birth rate, rather than to an increasing birth rate.

Growth has been rapid in the past few decades; it will continue to be rapid in the near future. The population grew from 10.3 million in 1918 to 19.2 million in 1948, a 90 per cent increase. Under the assumed conditions of a declining death rate and a high but steady birth rate, the population will double in 20 years—to 55 million in 1980.

### Age Structure

Increase is rapid in all age groups. In each five-year period during 1970–1980 there will be an increase of over 20 per cent in the number of children aged 5 to 14 and from 1970 to 1980 there will be about a 50 per cent increase in the number of youths of elementary school age (7–13 years).

In 1960, 47 per cent of all newlyweds were 20 years of age or younger. If age at marriage remains unchanged, from 1970 to 1980 there will be a 40 per cent increase in the number of new families formed.

The number of women of childbearing ages (15–44 years) will be 45 per cent greater in 1980 than in 1970. The potential for further population increase is thus enormous. In 1960, there were 899 children below age five for each 1,000 women aged 15 to 44. If fertility remains at 1960 levels, there will be 930 children for each 1,000 women in this age group by 1980 because younger women will be relatively more numerous than older women among all women of reproductive age.

Ratios of dependent to productive age groups are very high. In 1960, 46 per cent of the total population were under 15 years of age. Given unchanging fertility and declining mortality, the proportion of youth in the population will rise even higher between 1970 and 1980. Although the proportion aged 65 and over will remain small, at about 3 per cent, the total dependency ratio is high, and will increase. In 1960 there were 980 youth and aged for each 1,000 adults aged 15 to 64; in 1980, there will be over 1,000 such dependents for each 1,000 adults.

### Rural Urban Distribution

Nearly one-seventh of the total population live in cities. From 1950 to 1960 urban growth proceeded at nearly twice the rate of total population growth. Cities with 50,000 and up to 100,000 inhabitants have grown the fastest: they increased from 2.2 per cent of the total population in 1948 to 9.2 per cent in 1960.

The Philippines is slowly changing from a rural to an urban nation. Occurring gradually at first, urbanization has accelerated since World War II. According to the 1960 census, the population living in cities was 4 million (15 per cent of the total population). However, if the definition of urban in terms of minimum population size and residential density is applied,[2] 30 per cent of the population could be considered urban in 1960.

The primary urban area, spread over 37,823 hectares, is the Metropolitan Manila complex containing the City of Manila and its seven adjacent suburban towns. In 1960, 2.1 million people resided in the metropolis, representing a 56 per cent increase over 1948, while the rise in population for the nation as a whole was 40.8 per cent.

This increasing concentration of people in cities has brought grave problems. The squatter settlements and shanty towns around many cities are a direct consequence of heavy migration from the countryside. The pressures exerted by rural migrants for jobs, housing, potable water, sanitation, schools, and urban transportation have greatly compounded the country's development problems.

### Ethnic and Religious Composition

According to the 1960 census, eight major dialects are spoken. The chief among these are: Bisaya (Cebuano), spoken by 24 per cent of the population; Tagalog, 21 per cent; Iloko, 12 per cent; and Panay-Hiligaynon, 10 per cent.

The Philippines is predominantly Roman Catholic, with 8 out of every 10 Filipinos reporting that religion in 1960. The Philippine Independent Church, organized in 1902 by Bishop Gregorio Aglipay, a former Catholic priest, claims about 5.4 per cent of the total population; Islam, which was introduced in Mindanao as early as the 14th century, about 4.9 per cent; Protestantism, about 2.9 per cent; and the Iglesia ni Kristo, about 1 per cent.

### Literacy

Efforts to wipe out illiteracy have met with considerable success. Literacy rates for persons aged 10 and older increased from 49 per cent in 1939 to 60 per cent in 1948 and 72 per cent in 1960. Because of very rapid population growth, however, the actual number of illiterates aged 10 and over in 1960 remained at about the 1939 level.

## Population Growth and Socio-Economic Development

### Relationship to National Income

Population growth is taxing the country's ability to translate national economic expansion into higher living standards for its citizens. The total value of all goods and services produced in 1967 was 16.6 billion pesos—an 88 per cent increase over 1955.[3] National income, representing total pay and profits received, rose 83 per cent during the same period. However, per capita income increased much more slowly, by only 25 per cent.

[1] Basilio B. Aromin utilized two methods based on the assumption that fertility has remained unchanged and that the degree of completeness of registration of deaths is similar to that of births in any given year. (*The Statistical Reporter*, (5)3, July 1961.)

[2] In 1963, the Office of Statistical Coordination and Standards formulated a standard definition of urban and rural areas which the Office believes conforms as closely as possible to the essential concepts used in the 1939 and 1948 censuses and in the survey of households. This definition is based on the minimum residential density rule. The urban places in this definition include: (1) the whole area of the cities, provincial capitals, and municipalities having a population density of 1,000 persons per square kilometer; (2) all *poblaciones*, regardless of size, and *barrios* of at least 2,500 inhabitants, if the cities, provincial capitals and municipalities have a population density of 500 per square kilometer; (3) *poblaciones* and any *barrios* with at least 5,000 population if the cities, provincial capitals and municipalities have a population of at least 20,000 persons; and (4) all other *poblaciones* having a population of at least 2,500 persons.

[3] In 1970, ₱1 = US$.16.

Persisting low wages and low income levels have stunted the economic advancement of the nation. The gross national product (GNP) grew at an annual average of 5.5 per cent between 1960 and 1967—one of the highest rates in Asia. But since more than half of the GNP increment was devoted to the estimated annual population increase of 3.4 per cent over the same period, only 2.1 per cent remained to raise the standard of living.

Per capita income remains very unevenly distributed and quite low; in 1968 the annual average was about $151 as compared to $3,279 for the United States.

For 1964–1965, the median income of families was ₱1,648. The percentage distribution of families by income class showed 29 per cent of families with incomes under ₱1,000 and 23 per cent with incomes of ₱3,000 and over.

### Relationship to Size of Labor Force

Manpower in the productive ages has been increasing with remarkable rapidity. From 1965 to 1970, the number of men aged 15 to 64 will have increased 15 per cent. Each year, 350 men entered the productive ages for each 100 men who left those ages through death or retirement at age 65.

Increases of these orders of magnitude are occurring in agricultural as well as in urban areas, and in areas where resources are abundant as well as in areas where resources are limited.

The Philippines is now adding over 1.2 million people to her population each year; close to 400,000 workers enter the labor force annually. Approximately 32 per cent of these are illiterates or equipped with less than four years of schooling, while only 6.9 per cent have had some college training. Over one-third of the labor force are 19 years of age or younger; one-fifth, aged 10–14;[4] and one-sixth, aged 15–19.

In the sixties, the employment situation was not good, especially among young men in the cities. Even if the rate of unemployment stays the same during the decade of the seventies, the absolute numbers of unemployed will increase by 40 per cent.

Unemployment patterns were relatively stable during the first half of the sixties. The October 1960 sample survey of households revealed that 6 per cent of those seeking work could not find work. The October 1965 survey disclosed exactly the same results.

The situation was most critical in the cities. Of the urban labor force, some 11 per cent were reported unemployed in October 1965. The problem was not so much that of men losing their jobs and being unable to find another as it was the inability of young men seeking their first job to find one. Almost two-thirds of the unemployed urban male workers in 1965 had never worked before. Of those young urban men (under 24 years of age) looking for work, 22 per cent could not find a job.

Underemployment was also a problem during the sixties. Of the non-agricultural work force in 1965, 15 per cent of those with jobs worked fewer than 40 hours during the survey week, and close to two-thirds of these were actively looking for additional work. Ten per cent of the male workers in the cities were without jobs, and another 33 per cent were looking for additional work.

### Relationship to Agriculture

As of October 1965, 57 per cent of employed Filipinos were in agriculture. However, the first half of the sixties did show a gradual shift away from agricultural employment. The percentage of workers employed in agriculture declined from 63 per cent in 1958 to 61 per cent in 1960, 59 per cent in 1963, and 57 per cent in 1965. However, both the Census Bureau surveys and the Central Bank reports of non-agricultural employment indicate that during this period the proportion of non-agricultural workers engaged in manufacturing also declined. While the labor force gave evidence of moving away from agriculture in this decade, the ability of industry to absorb and utilize these potential workers remains a problem.

### Relationship to Social Welfare Expenditures

*Public education.* The projected level of educational expenditures (₱830 million) for 1970–1971 will be nearly 30 per cent of the national budget (₱2.9 billion) in order to accommodate over six million children in elementary school, some one million in secondary school, and about half a million in higher education.

### Population Policies

In the past the country's official stand on population was largely pronatalist, as illustrated by tax exemptions for large families, maternity leave benefits, and tax strictures on unmarried earners. Government officials promoted a large population by pointing to the large tracts of uninhabited and uncultivated land in the country.

The results of the 1960 census confirmed the findings of special studies and the projections of population made by the United Nations Population Branch relating to the rapid population growth of the Philippines. However, in response, economic and social development plans did not do more than acknowledge the high rate of population growth.

It was not till late December 1968 that the Executive Secretary to the President, Mr. Rafael Salas, at a meeting with 24 interested persons, proposed the establishment of a Commission on Population to study the population situation in all its aspects and to recommend policies and programs in conjunction with economic and social development plans.

On 19 February 1969, President Marcos signed an Executive Order establishing the Commission on Population with the following objectives:

(1) undertake, promote, and publish studies and investigations on the Philippine population in all its aspects.
(2) assemble and disseminate technical and scientific information relating to medical, social, economic and cultural phenomena as these affect or are affected by population.
(3) formulate policy and program recommendations on population as it relates to economic and social development.
(4) formulate research and study programs and projects and assign these to such individuals or organ-

[4] In the Philippine census, labor force data are compiled for all persons aged 10 and over.

izations as the Commission may deem appropriate.

(5) perform such other duties as proper authorities may from time to time direct the Commission to undertake.

The Commission consists of the following members: the Secretary of Education; the Secretary of Health; the Secretary of Social Welfare; the Chairman of the National Economic Council; the President of the University of the Philippines; the President of the Catholic Bishops' Conference of the Philippines; the President of the National Council of Churches; the President of the Muslim Association of the Philippines; the Director of the Bureau of the Census and Statistics; the Director of the Disease Intelligence Center; the Director of the Institute of Social Order; the Director of the Asian Social Institute; the Director of the Institute for the Study of Human Reproduction; the Deans or Directors of the College of Medicine, the Institute of Hygiene, the Institute of Mass Communication, the Population Institute, and the School of Economics, all units of the University of the Philippines; the President of the Philippine Medical Association; the Executive Director of the Association of Philippine Medical Colleges; the President of the Family Planning Association of the Philippines; and the President of the Planned Parenthood Movement of the Philippines.

The University of the Philippines Population Institute (UPPI) was designated as Secretariat with the UPPI Director acting as Executive Director of the Technical Staff.

The Commission concluded that a reduction in the high rate of population growth was in the vital interest of the nation, and recommended the following policy elements to President Marcos:

(1) to establish and adopt specific and quantitative population goals on the basis of reliable demographic data and expected demographic trends.

(2) to promote the broadest understanding of the adverse effects on family life and national welfare of unlimited population growth and to provide the means by which couples can safely, effectively, and freely determine the proper size of their families.

(3) to make family planning part of a broad educational program oriented toward the harmonious development of the individual personality, the family, and the nation.

(4) to examine legal and administrative policies and measures affecting family size, and, if deemed essential, to revise such policies and measures to bring about a balance between family size and social and economic goals.

(5) to continue efforts toward the further reduction of still high rates of morbidity and mortality.

(6) to adopt policies and establish programs guiding and regulating the flow of internal migration, and influencing spatial distribution in the interest of development progress.

(7) to establish and maintain regular contact with international public and private organizations concerned with population problems.

On 6 December 1969, President Marcos approved the Commission's statement on population policy and program.

During the Ninth Special Session of the Sixth Congress of the Philippines, in June 1969, the Speaker of the House presented a resolution establishing basic policies to achieve economic development and attain social justice. This resolution contained the following policy statement on population:

> A high rate of population growth poses grave social and economic challenges. The state shall meet these challenges both by positive social and economic measures that will increase the productivity of human work, so as to promote economic growth, and by programs of family planning which respect the religious beliefs of the individuals involved, so as to increase the share of each Filipino in the fruits of economic development.

President Marcos, in his State of the Nation message at the opening of the Seventh Congress on 26 January 1970, stated:

> . . . I have decided to propose legislation making family planning an official policy of my Administration.
>
> The task of government in the control of population is threefold.
>
> The first is education, in order to impress on the people the urgent need for controlling the population.
>
> The second is the dissemination of knowledge on the techniques of birth control sanctioned by scientific and medical practice.
>
> The third is the provision of facilities, especially in the rural areas, where assistance in the use of birth control methods may be extended to the poor.

Several members of Congress have introduced legislation in favor of a national family planning program at the current 1970 session.

Within the Government, the agency charged with the overall responsibility for administering a population program is the Project Office for Maternal and Child Health (POMCH). This Office was created in 1968 in the Department of Health following an agreement between the National Economic Council (NEC) of the Philippines and the United States Agency for International Development. The objectives of the Office's program are: (1) to make available to the people current knowledge on maternal and child health, including problems of family planning, fertility, sterility, etc.; (2) to provide facilities, equipment, supplies and materials needed to support such programs; (3) to elicit and disseminate pertinent information and data regarding maternal and child health, including the health aspects of human reproduction and population control through appropriate research; (4) and to coordinate the assistance provided to the public and private institutions specified in the agreement between the NEC and USAID.

### Private Efforts

PRIVATE ASSOCIATIONS

*Family Planning Organization of the Philippines.* In February 1969 the Planned Parenthood Movement of the Philippines, Inc. and the Family Planning Association of the Philippines, Inc. merged to form the Family Planning Organization of the Philippines (FPOP). The objectives of this organization are:

(1) to gather information and engage in educational activities relevant to family planning; to advance the educational campaign for family planning and to prepare the grounds for it through sex education and marriage counselling.

(2) to encourage the training of physicians, nurses, midwives, health educators, social workers, and lay people in the practical and scientific implementation of family planning services through morally and medically accepted methods and practices.
(3) to help establish and operate family planning and fertility clinics and services for sex education, marriage counselling, and birth spacing anywhere in the Philippines.
(4) to stimulate and, whenever possible, to underwrite scientific research in biological, demographic, social, economic, eugenic, and physiological aspects of human fertility; and to collate, evaluate, and publish the findings of such research.
(5) to seek financial assistance/support in any form to attain its objectives.
(6) to coordinate and establish a working relationship with local and international organizations, agencies, and individuals that promote family planning and undertake demographic studies.

The Family Planning Organization of the Philippines is an outgrowth of two organizations—the Planned Parenthood Movement of the Philippines (PPMP) and the Family Planning Association of the Philippines (FPAP). It is useful to give the background of each. The first agency involved, the Planned Parenthood Movement of the Philippines, had its beginning in the former Family Relations Center (FRC), a service agency of the National Council of Churches in the Philippines. Quietly, the FRC promoted family planning through its educational and service program as early as 1957, mainly in the Greater Manila area. Because of the increasing demand for information as well as service from many parts of the country, the Management Committee of the Family Relations Center decided to expand the program on a national scale. In the early sixties, the program received a boost with a $2,000 grant from the International Planned Parenthood Federation (IPPF). To give further emphasis to its nationwide program, the FRC was reorganized in 1965 to form the Planned Parenthood Movement of the Philippines. On 12 April 1967, PPMP was incorporated as a national, civic, voluntary family planning organization.

PPMP's program had two main emphases—training and service.

The training program was the first and only organized program when it was started in August 1966. It was aimed at training medical and allied professionals to provide clinical services, and lay workers to be educators and motivators.

Participants, recruited from almost all levels, included physicians, nurses, social workers, midwives, community workers, health educators, and others. The training for motivators lasted two weeks; for the clinical service people, four weeks. Both courses covered the different aspects of the population problem, its implications and possible solution; human reproduction; and fertility control. This was supplemented by practical field work and clinical experience for the clinical service people.

Until its merger with the Family Planning Association of the Philippines in 1969, the PPMP had approximately 200 clinics. The PPMP emphasized staff training and service, and also distributed literature, posters, and audio-visual materials as part of its educational efforts.

Until 1965, financial assistance for the PPMP program came primarily from IPPF, amounting to approximately $6,000 annually. Subsequently, other agencies contributed. IPPF increased its aid from $16,000 in 1966 to $35,000 in 1968. This was a little less than half of total outside support in 1968: $4,300 was contributed by World Neighbors, USA, and $38,000 by the United States Agency for International Development.

Church World Service and Pathfinder Fund assisted the program with contraceptive supplies and literature.

Assistance from within the Philippines came from membership fees, nominal registration fees from patients, and donations. Up to 1967, the United Council of Church Women gave ₱100 annually (US$25.64).

The other agency that merged with PPMP in 1969 to form the Family Planning Organization of the Philippines is the Family Planning Association of the Philippines (FPAP). This was formally organized on 4 April 1965 as a civic, non-sectarian non-profit, private organization, and incorporated under the laws of the Republic of the Philippines. The FPAP was immediately recognized as an affiliate member of IPPF. Through financial assistance from the latter, the Association opened family planning clinics in the Greater Manila areas and in the provinces of Bulacan, Laguna, Pampanga, and Tarlac.

In its educational and motivational campaign, FPAP arranged speaking tours, lectures, and seminars for diverse groups. It sponsored forums for the personnel of commercial factories and business firms such as cigarette factories and textile mills. Radio and television carried FPAP spot announcements on family planning.

Five-day courses on family planning for general practitioners were conducted by FPAP board members, who also provided continuous in-service training to private and public health personnel. Clinical demonstrations followed bi-weekly lectures to medical interns of the Far Eastern University's Institute of Medicine.

*Institute of Maternal and Child Health.* The Institute of Maternal and Child Health (IMCH) is one of the two semi-autonomous units of the Children's Medical Center Foundation, Philippines, Inc. (The other is the Children's Memorial Hospital.)

As a unified institutional complex, the Children's Medical Center Foundation (CMC) was established in 1957 and is devoted primarily to the health and welfare of children, with the basic functions of service, prevention, training, and research.

As part of its social involvement, the Children's Medical Center extends its services to the rural areas, through the Institute of Maternal and Child Health. To cope with its expanding activities, the Institute maintains the following three service units, each under a Medical Officer-in-charge (except the National Training Center, which is directly under the Executive Director of the Institute): Maternal and Child Health Services; Rural Extension Services through CMC teams; and the National Training Center for Maternal Health Service.

The third service unit, the National Training Center for Maternal Health Service, was established in mid-1967

at the Institute, in accordance with an agreement between the National Economic Council, the Institute of Maternal and Child Health, and the U. S. Agency for International Development. The objectives of the Training Center, as defined in the agreement, are as follows:

(1) to assist in providing to the faculty and students of medical, nursing and midwifery schools, knowledge and education relating to population characteristics, statistical data, social sciences, economic growth, reproductive biology and physiology, and family planning.
(2) to provide comparable educational matters to all health and paramedical personnel in the Philippines, and to selected individuals and groups.
(3) to prepare tentative plans for expansion of the educational program for use in the event of adoption of a family planning program by the national government.

By 30 September 1968, the end of the first fiscal year 1967–1968, the Center had trained a total of 1,510 medical and paramedical personnel in family planning courses and in maternal and child health (MCH) courses integrated with family planning.

The National Training Center was continued in 1968–1969 with an expanded MCH program for the training of 300 MCH personnel to staff and operate the MCH clinics in 100 selected puericulture centers[5] and hospitals, distributed throughout the country. Each now has a physician, nurse, and midwife all trained in a four-week course at the Institute prior to appointment. All of these 100 MCH clinics are now in operation and have started implementing family planning together with MCH activities. Of these 100 MCH clinics, the seven located in Quezon City are utilized as training clinics.

The training courses are conducted regularly every month within the budget period. Aside from the 300 MCH personnel who were trained to staff the 100 MCH clinics, the participants come mostly from the different health regions of the Department of Health while a few come from the private sector.

*Philippine Family Planning Agency*. The Philippine Family Planning Agency was incorporated in 1964 as a private, civic, volunteer, nonsectarian organization. It has worked closely with the government sector, particularly the National Land Reform Administration and the civic action arm of the armed forces.[6]

For some years now, the Agency has sent officials of both the land reform complex and the armed forces for advanced training in family planning in the Singapore regional offices of the IPPF. The agency concentrates its efforts on family planning communications—information, education, motivation, and training.

### Commercial Channels

Oral contraceptives are distributed by eight drug companies: Organon, Schering Berlin, Wyeth Suaco, UpJohn, Ciba, Mead Johnson, Lilly, and Parke Davis. The brand names of pills available are: Lyndiol, Anovlar, Femenal, Minovlar, Provest, Noracycline, Gynovlar, Oracon, Sequens, and Norlestrin. The volume of sales of these contraceptives is kept confidential. No prescription is necessary to purchase any of these oral contraceptives.

## Educational and Scientific Efforts in Population

### University of the Philippines

*Population Institute*. The Population Institute was formally established as a unit of the University of the Philippines in November 1964 with the following objectives: to train at least nine graduates in demography during the first three years of its operation; to produce a comprehensive analysis of characteristics and trends of the Philippine population; and to initiate a program of research on matters important for planning and administrative purposes.

In the five years of its existence the Institute has trained 12 people in demography at the Master of Arts level. It co-sponsored with the National Science Development Board the First, Second, and Third Conference on Population in November 1965, November 1967, and December 1969; sponsored jointly with the School of Economics of the University a seminar on economics and population in November 1966; and organized two seminars on urbanization with the Institute of Planning and the Local Government Center. It has conducted five five-week workshops on population for government personnel engaged in population studies. It has produced an analytical report of the Philippine population, a demographic fact sheet on population trends and their implications for national development, and a publication, entitled *Philippine Population: Profiles, Prospects, Problems*, presenting the essential facts about population for laymen. Before conducting a nationwide demographic survey in May 1968, it undertook pilot investigations of fertility and family planning in eight areas spread over the country. It initiated studies on the completeness of vital events registration in selected municipalities and continued the special analyses of the 1960 population census data which were started in the Statistical Center. In addition, the Institute has provided technical assistance in the development of a standard reporting form for patients in family planning clinics throughout the Philippines; installed a record-keeping and data collection system for cooperating agencies engaged in family planning programs, and developed standard IBM tabulation programs for use by social science researchers. It has assisted in the organization of an association of demographic centers in the ECAFE (Economic Commission for Asia and the Far East) region for the promotion of training and research in

[5] Puericulture centers are maternal and child care centers, under the supervision of the Bureau of Hospitals of the Department of Health.

[6] The National Land Reform Administration (NLRA) consists of five agencies: Land Authority, Land Bank, Agricultural Credit Administration, Agricultural Productivity Commission, and Office of the Agrarian Council. The NLRA operates through the concept of "unified administration" whereby all resources of the member agencies are pooled and policies and programs coordinated. The family planning activities are a feature of the Rural Improvement Clubs, a voluntary effort. The Clubs seek advice and technical support from the Agricultural Productivity Commission and funds for running the clinics from the Pathfinder Fund, USAID, and other external sources.

The Department of National Defense provides support and facilities for one clinic which is operating in Quezon City. However, volunteer agencies like PFPA conduct seminars and motivational campaigns for enlisted men with the consent of the Department.

population matters and for the solution of common problems relating to administration, training, research, and consultation. It has cooperated with the Philippine Press Institute to acquaint journalists with the elements of demography.

*College of Medicine.* In recognition of the concept of close integration of maternal and child health and pregnancy spacing, the Department of Obstetrics and Gynecology of the College of Medicine opened a family planning clinic in December 1965. Mothers who came to the clinic at the Philippine General Hospital (PGH) were informed of the importance of proper spacing, not only for themselves and their children but for the society and the community in which they lived. They were taught and provided with all methods of conception control, free of charge.

Towards the latter part of December 1965, the PGH was invited by the Population Council to participate in the Postpartum Family Planning Program along with 25 hospitals in 14 countries. The Council gave financial assistance initially for two years, from May 1966 to May 1968. Further assistance has been extended to the project.

As the work on postpartum research progressed, the activities of the service expanded. Visitors, who included physicians, nurses, social workers, and educators within and outside the country, came almost continuously, some for training and others for observation.

In April 1968 the International Planned Parenthood Federation offered a grant for the training of 200 general medical practitioners from all over the country in the field of reproduction. These courses were held for five days during the months of April, August, September, October, and November 1968. A total of 177 participants completed the course.

On 22 June 1967, the U.S. Agency for International Development (USAID) provided the College of Medicine with an additional grant to undertake a broad educational campaign to disseminate information and perform advisory services on basic disciplines in the population field; engage in fact-finding relative to population, responsible parenthood, and family planning; and undertake a long-range program of opening and supporting eight family planning clinics, one in each health region of the Philippines. This grant covered a period of one year from 1 October 1967 to 30 September 1968.

On 18 July 1968 another grant was given by USAID to continue the operation of the clinic at Bay, Laguna; to open two more clinics; to train 400 private medical practitioners in eight five-day courses on human reproduction; and to provide an additional staff to the clinic at the Philippine General Hospital, which by now had been renamed "Reproductive Biology Center."

The current activities of the Center include the following: operation of the Postpartum Family Planning Clinic (on the third year of assistance from the Population Council); support of the Bay, Laguna Clinic (USAID support); operation of a clinic in Bacolod City and in Cagayan de Oro (USAID support); training of general practitioners (USAID support); integration of family planning in the undergraduate and postgraduate medical curriculum; provision of a training ground for physicians from the Department of Health, Institute of Maternal and Child Health, University of the East, and Women's Medical Association, and nurses from St. Rita's School of Nursing, and St. Paul's School of Nursing and other groups; serving as a training ground for students of both the College of Medicine and School of Nursing of the University of the Philippines; and research activities.

With continued assistance expected for the year 1969–1970, it is hoped to complete the plan of opening a clinic in all eight health regions of the country.

*Institute of Hygiene.* The Institute of Hygiene was established in 1927 as a unit of the university for the training of medical officers in the country's public health service. Since then, the Institute has aimed to contribute to the knowledge of preventive medicine and public health, to promote the dissemination of such knowledge, and to advance the practice of public health in the Philippines. During the last few years, its staff has been devoting greater attention to population and family planning training and research.

As a school of public health, the Institute of Hygiene gives formal training to health workers, both local and foreign, and serves as a training ground for medical technologists and public health statisticians. As a research institution, the Institute engages in the study of public health problems, and serves as a consulting unit on matters of preventive medicine and public health for official and private agencies.

In its teaching, it has integrated family planning for students of public health. Courses in maternal and child health, socio-cultural determinants of health, biostatistics and epidemiology, public health administration, and public health engineering stress the implications of population growth. Family planning is also integrated in the hygiene course for medical students.

For persons with special interest in the administration of family planning programs and the organization of family planning training programs, courses are available in fertility regulation, population problems and policies, family planning research, and current methods and programs in family planning.

Studies on abortion and on the knowledge, attitudes, and practice of family planning are currently being conducted. In addition, faculty members serve as consultants in the planning of service and training programs. They also serve as resource persons and lecturers in training programs of various agencies such as the Family Planning Organization of the Philippines, the Department of Social Welfare, and the Institute of Maternal and Child Health.

### Bureau of the Census and Statistics

The Bureau of the Census and Statistics (BCS) was created in 1940 by an act which consolidated the powers, functions, duties, appropriations, personnel, property, and records from the various statistical agencies of the Government.

The Bureau's powers, functions, and duties may be summarized as follows: to engage in the production of statistics on population and all kinds of socioeconomic data for government as well as for private use; to undertake censuses and surveys of all kinds; to conduct, for statistical pur-

poses, investigations and studies of social and economic problems and conditions; to make and publish from time to time estimates of population and other socioeconomic characteristics; and to enforce and carry out the provisions of the Civil Registry Act.

Within the span of almost 30 years since its creation, the Bureau has promoted more accurate and adequate statistics on population in many of its activities. For example, it conducted censuses on population, housing, agriculture and economics in 1948, 1949, 1960, 1961, and 1967. And it opened provincial census branches under the charge of a provincial census officer (PCO). The BCS conducts semiannual nationwide sample surveys of households to gather data on the labor force, and other demographic and socioeconomic data, such as: attitudes toward family size and family limitation; family income and expenditure; educational attainment; borrowing practices of farm households; disability; and incidence of smoking. In 1968 the BCS conducted a joint study with the Population Institute, University of the Philippines, on vital statistics and vital registration. Its major purpose was to experiment with a procedure for obtaining accurate data on the number of births and deaths in two selected municipalities.

To date, 22 members of the BCS staff have received formal training on population or demography from several sponsoring agencies, local and foreign: the Population Council, the United Nations, the Population Institute, and the US Agency for International Development.

### Office of Statistical Coordination and Standards (OSCAS) of the National Economic Council

Created in 1956, the OSCAS is the central statistical coordination agency of the Government. It has participated actively in coordinating the planning and preparatory activities for the 1960 censuses of population and housing.

Through its Inter-Agency Committee on Population and Demographic Statistics composed of representatives from different statistical entities having particular interest in the subject field, the OSCAS resolves various problems relating to the production and use of population and demographic statistics. The Committee prepared three sets of intercensal and projected population estimates and recommended these low, medium, and high series of population estimates as the official set of population figures for use by planning and research agencies.

The latest revision of the national development program formulated by the National Economic Council now takes implicit cognizance of the problem of the rapidly increasing population.

### Foreign Assistance

External assistance for the fiscal year 1969–1970 amounted to $2,545,300. This total amount was divided as follows: central AID funds, $994,300 (including amounts turned over to the Pathfinder Fund for commodities and information services and to IPPF for the Family Planning Organization of the Philippines); funds from the U.S. AID Mission to the Philippines, $1,400,000; Ford Foundation, $100,000 (continuing support to the Population Institute); IPPF, $26,000; and Pathfinder Fund, $25,000 (estimated budget).

### Summary

Factors facilitating family planning efforts are the following:

(1) a growing number of research studies on fertility and family planning which show the readiness to accept and practice family limitation on the part of a sizable portion of the population.
(2) the spread of knowledge on population matters through intensive efforts of mass media, visits of international experts in the field of medicine and the social sciences, and seminars, conferences, and training programs for professionals and policy-makers.
(3) the large average size of the Filipino family and the unequal distribution of family income. (Only 9.5 per cent of all families had annual incomes of ₱6,000 or more in 1965.)
(4) recent permissive action by the Government regarding family planning activities in its field units in the rural areas.
(5) financial support for family planning activities from external assistance agencies.
(6) increasing availability of family planning services throughout the country.
(7) involvement of the management of industrial corporations and others whose interest it is to increase the efficiency of their employees by encouraging family planning.
(8) positive action taken by the majority of Philippine medical schools to include population and family planning in the medical school curricula.

Factors that limit the development of family planning programs are:

(1) low level of education in the population.
(2) organizations opposed to birth control.
(3) early age at marriage and early and repeated childbearing.
(4) lack of definite policy on sex education at elementary or secondary school levels.
(5) lack of definite emphasis on the increasing density of population.
(6) the absence of regular budgetary provisions of family planning services on a nationwide basis.
(7) inadequate local appropriations to provide for training the people at the motivator and service levels; insufficient logistic support to supply the needed contraceptives, as well as the facilities to assure mobility of the workers and supplies.
(8) lack of trained manpower—planners, administrators, and trainers—who can provide leadership in planning and development of the program.

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Other *Country Profiles* published to date are:

Hong Kong (November 1969)
Iran (December 1969)
Korea, Republic of (April 1970)
Pakistan (March 1970)
Sierra Leone (September 1969)
Taiwan (February 1970)
Thailand (May 1969)
Turkey (January 1970)
United Arab Republic (August 1969)